

Early Learning Program Information Form

Center Instructions: Please fill out this form and fax it to SUCCESS, 401-793-8799.

Contact Information:

Center: _____

Center Director: _____

Center Owner: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Center Address: _____
(Street) (City) (State) (zip)

Mailing Address: _____
(Street) (City) (State) (zip)

Email: _____@_____ Hours of Operation: _____

Best Time to Reach Director: _____ License #: _____

Would we be able to access WiFi in your center? ☐ Yes ☐ No

Enrollment Information:

1. The average percentage of children who receive CCAP subsidies or Head Start slots: _____ %

2. Please fill out the following table.

	Infant	Toddler	Preschool	Pre-Kindergarten
Served by our program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Classrooms				
# Licensed Slots/ Approved Capacity				
Licensed/ Approved by	<input type="checkbox"/> DCYF <input type="checkbox"/> Department of Education	<input type="checkbox"/> DCYF <input type="checkbox"/> Department of Education	<input type="checkbox"/> DCYF <input type="checkbox"/> Department of Education	<input type="checkbox"/> DCYF <input type="checkbox"/> Department of Education
# Enrolled on average				
# Staff				

Program Information:

1. Which type of program is your Center? ☐ Center-Based ☐ Family-Based
2. Are you a Head Start program? ☐ Yes ☐ No
3. Are you a State PreK program? ☐ Yes ☐ No
4. Are you in good standing with DCYF? ☐ Yes ☐ No ☐ Pending
 - If no or pending, please describe: _____

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5. Are you NAEYC accredited? ☐ Yes ☐ No ☐ Pending
 6. Do you currently work with a **Mental Health Consultant**? ☐ Yes ☐ No ☐ Pending
 7. Do you currently work with a **Child Care Health Consultant (CCHC)/Nurse**? ☐ Yes ☐ No ☐ Pending
 8. Has your staff participated in RIELDS training? ☐ Yes ☐ No ☐ Pending
 9. Are you currently involved with BrightStars? ☐ Yes ☐ No ☐ Pending
 - What is your BrightStars rating? _____

10. Have you received, or are you currently receiving TA support from the Center (i.e., Center for Early Learning Professionals)? ☐ Yes ☐ No ☐ Pending
11. Do you have Kids Connect supports in your center? ☐ Yes ☐ No ☐ Pending
12. Do you have a Quality Improvement Plan? ☐ Yes ☐ No ☐ Pending
13. Have you recently participated in any training focused on early childhood social and emotional competencies and/or challenging classroom behavior? ☐ Yes ☐ No ☐ Pending
14. Does your Center have resources for coordinating the care of children who have developmental or behavioral health needs? ☐ Yes ☐ No ☐ Pending
15. Is there anyone else who routinely comes to talk to you or provide support to your Center? ☐ Yes ☐ No ☐ Pending
 - If yes or pending, please describe: _____